

Mississippi Wing Civil Air Patrol Medical Form Supplement

Date: ____/____/____

I request that the Civil Air Patrol medical personnel give my cadet, _____ the following medication(s): (please list ALL prescription and over the counter medications)

Medication: _____

Dose: _____ Times: _____

Reason: _____

Medication: _____

Dose: _____ Times: _____

Reason: _____

Medication: _____

Dose: _____ Times: _____

Reason: _____

Medication: _____

Dose: _____ Times: _____

Reason: _____

ALLERGIES: (please list ALL allergies to medications, foods and environment) _____

Doctors Name: _____

Doctors Address: _____

City, State Zip _____

Parent or Guardian (print)

Signature of Parent or Guardian

Parent or Guardian Daytime phone

Parent or Guardian Evening phone

All medication is to be furnished by the parent or guardian and sent to the encampment clinic in the ORIGINAL CONTAINER labeled with the cadet's name, the name of the medication and directions for the time and dosage. The physician's name must be on all prescription medication.

Controlled substances should be delivered to the encampment by an adult and must be picked up by an adult.

The cadet's physician may be contacted for clarification of administration of medications.

Medication may not be given at the exact time requested due to encampment activities. **It is the cadet's responsibility to come to the clinic and get their medication at the appropriate time.**

Note: Injectable medication such as insulin and treatment for allergic reactions will be given only with a physician's written order.

Parent or Guardians signature

Date